

Supervisor's Report on Use of Force

Incident Information

URN: 9 1 0 - 1 5 3 2 5 - 2 1 1 2 - 1 4 5		Date: 8/29/10	Time: 1834 hours
Location: Imperial Highway east of the 710 Freeway	City or Station: South Gate		
Bureau/Station/Facility: Century Station	Admin. Investigation: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
Type of Force: Directed Significant Force / Personal Weapons			
Deputy Injury: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Suspect Injury YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
<input type="checkbox"/> Call <input checked="" type="checkbox"/> Observation <input type="checkbox"/> Detail	<input checked="" type="checkbox"/> Foot Pursuit <input checked="" type="checkbox"/> Vehicle Pursuit		
IAB Notified: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Person Notified: Lt. Fredericks	Emp: [REDACTED]	IAB Roll Out: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

Involved Employee

E1	Employee # [REDACTED]	Last Name: Lemus	First Name: Victor	Middle Name:
	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Race: H	Unit of Assignment: Century Station	Work Assignment (Unit #, Module, etc.): 210W4
	Shift: <input type="checkbox"/> EM <input type="checkbox"/> Day <input checked="" type="checkbox"/> PM	<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty	Age: [REDACTED]	Height: 5'09" Weight: 170
	<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Hospital:			Coroner Case # Directed Force <input checked="" type="checkbox"/> Significant Force <input type="checkbox"/>
E2	Employee # [REDACTED]	Last Name: [REDACTED]	First Name: [REDACTED]	Middle Name:
	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Race: H	Unit of Assignment: Century Station	Work Assignment (Unit #, Module, etc.): 212E3
	Shift: <input type="checkbox"/> EM <input type="checkbox"/> Day <input checked="" type="checkbox"/> PM	<input type="checkbox"/> Regular Shift <input checked="" type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty	Age: [REDACTED]	Height: 5'06" Weight: 1600
	<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Hospital:			Coroner Case # Directed Force <input checked="" type="checkbox"/> Significant Force <input type="checkbox"/>
E3	Employee # [REDACTED]	Last Name: [REDACTED]	First Name: [REDACTED]	Middle Name:
	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Race: W	Unit of Assignment: Century Station	Work Assignment (Unit #, Module, etc.): 210W4
	Shift: <input type="checkbox"/> EM <input type="checkbox"/> Day <input checked="" type="checkbox"/> PM	<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty	Age: [REDACTED]	Height: 5'10" Weight: 190
	<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Hospital:			Coroner Case # Directed Force <input checked="" type="checkbox"/> Significant Force <input type="checkbox"/>

Additional Involved Employees

On Duty Supervisor

Emp. # [REDACTED]	Last Name: Dean	First Name: Brandon	Middle Name: Robert	Rank: Sgt	Present: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Witness to Incident: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
Emp. # [REDACTED]	Last Name: [REDACTED]	First Name: [REDACTED]	Middle Name: [REDACTED]	Rank: [REDACTED]	Present: YES <input type="checkbox"/> NO <input type="checkbox"/>	Witness to Incident: YES <input type="checkbox"/> NO <input type="checkbox"/>

Watch Sergeant

Emp. # [REDACTED]	Last Name: Enciso	First Name: Pedro	Middle Name: [REDACTED]
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Watch Commander

Emp. # [REDACTED]	Last Name: Clay	First Name: Victor	Middle Name: [REDACTED]
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Lieutenant Victor Clay
Watch Commander (Print Name) Watch Commander's Signature: [REDACTED] Emp #: [REDACTED] Date: 9/30/10

Sergeant Brandon Dean
Supervisor Completing Form: (Print Name) Emp #: 449297 Copy Provided to Employee by: [REDACTED] Emp #: [REDACTED]

Captain J. Hellmold
Unit Commander (Print Name) Unit Commander's Signature: [REDACTED] Emp #: [REDACTED] Date: 9/30/10

DISCOVERY Use Only
FO# 2274849



Supervisor's Report on Use of Force SUSPECT INFORMATION

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S 1

Suspect Information											
Last Name		Lawrence		First Name		Kerwin		Middle Name		Lavel	
AKA Last Name				First Name				Middle Name			
Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Race: B		Street Address:			City:		State & Zip Code:		
Work Phone:		Home Phone:		Age: 48		Height: 5'07"		D.O.B. 02-03-62		Weight: 145	
Armed?		<input type="checkbox"/>									
Booking #:		2458912		Primary Charge Code:		496(a) P.C.		Secondary Charge Code:		11377(a) H.S.	
Criminal History											
EMT in attendance? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Name: Unit: Phone #:											
Hospital Admission? <input type="checkbox"/> Rec'd Treatment At: Coast Plaza Doctors Hospital Coroner Case #: Mental History <input type="checkbox"/>											
By Doctor: Doctor Stone Address: 13100 Studebaker Rd, Norwalk 90650 Phone #: 562-868-3751											
Under Influence: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Substance: Mental Illness <input type="checkbox"/>											

S

Suspect Information											
Last Name				First Name				Middle Name			
AKA Last Name				First Name				Middle Name			
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Race:		Street Address:			City:		State & Zip Code:		
Work Phone:		Home Phone:		Age:		Height:		D.O.B.:		Weight:	
Armed?		<input type="checkbox"/>									
Booking #:				Primary Charge Code:				Secondary Charge Code:			
Criminal History		<input type="checkbox"/>									
EMT in attendance? <input type="checkbox"/> YES <input type="checkbox"/> NO Name: Unit: Phone #:											
Hospital Admission? <input type="checkbox"/> Rec'd Treatment At: Coroner Case #: Mental History <input type="checkbox"/>											
By Doctor: Address: Phone #:											
Under Influence: <input type="checkbox"/> YES <input type="checkbox"/> NO Substance: Mental Illness: <input type="checkbox"/>											

S

Suspect Information											
Last Name				First Name				Middle Name			
AKA Last Name				First Name				Middle Name			
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Race:		Street Address:			City:		State & Zip Code:		
Work Phone:		Home Phone:		Age:		Height:		D.O.B.:		Weight:	
Armed?		<input type="checkbox"/>									
Booking #:				Primary Charge Code:				Secondary Charge Code:			
Criminal History		<input type="checkbox"/>									
EMT in attendance? <input type="checkbox"/> YES <input type="checkbox"/> NO Name: Unit: Phone #:											
Hospital Admission? <input type="checkbox"/> Rec'd Treatment At: Coroner Case #: Mental History <input type="checkbox"/>											
By Doctor: Address: Phone #:											
Under Influence: <input type="checkbox"/> YES <input type="checkbox"/> NO Substance: Mental Illness: <input type="checkbox"/>											

☐ Additional Suspects Involved

Supervisor's Report on Use of Force EMPLOYEE / NON-EMPLOYEE INFORMATION

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Employee Witnesses

Emp. #	Last Name Dean	First Name Brandon	Middle Name R.
Emp. #	Last Name	First Name	Middle Name
Emp. #	Last Name	First Name	Middle Name
Emp. #	Last Name	First Name	Middle Name
Emp. #	Last Name	First Name	Middle Name
Emp. #	Last Name	First Name	Middle Name

Non-Employee Witnesses

Last Name	First Name	Middle Name	Age	D.O.B.
Street Address		City	Zip Code	Work Ph. Home Ph.
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address		City	Zip Code	Work Ph. Home Ph.
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address		City	Zip Code	Work Ph. Home Ph.
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address		City	Zip Code	Work Ph. Home Ph.
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address		City	Zip Code	Work Ph. Home Ph.
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address		City	Zip Code	Work Ph. Home Ph.
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address		City	Zip Code	Work Ph. Home Ph.
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address		City	Zip Code	Work Ph. Home Ph.
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address		City	Zip Code	Work Ph. Home Ph.

☐ Additional Witness

9 1 0 - 1 5 3 2 5 - 2 1 1 2 - 1 4 5

Method

(AW) Arwen	(FH) Firearm (Handgun)	(PO) Personal Weapon (Other)
(BC) Baton: (Control)	(FR) Firearm (Rifle)	(RS) Resistance
(BI) Baton: (Impact)	(FS) Firearm (Shotgun)	(CN) Restraint Device (Capture Net)
(BF) Bodily Fluids	(FO) Firearm (Other)	(RH) Restraint Device (Handcuffs)
(CN) Canine	(FB) Flashbang	(HB) Restraint Device: Hobble (Legs Only)
(CR) Carotid Restraint	(FL) Flashlight	(TP) Restraint Device: Hobble (TARP)
(CH) Choke Hold	(OE) Other Weapon: Edged	(RE) Restraint Device: REACT Belt
(CT) Control Holds: (Control Techniques)	(OV) Other Weapon: Vehicle	(SP) Sap
(TT) Control Holds: (Team Takedown)	(OB) Other Weapon: Blunt Object	(SH) Shield
(TD) Control Holds: (Takedown)	(OO) Other Weapon: Other	(SG) 37mm Stinger
(CE) Chemical	(PK) Personal Weapon: Feet/Leg: (Kick)	(SB) Sting Ball
(OC) Chemical Agents (OC Spray)	(PS) Personal Weapon: Feet/Leg: (Sweep)	(ST) Stun Bag
(TG) Chemical Agents (Tear Gas)	(PH) Personal Weapon (Hand/Arm)	(TR) Taser
(EX) Explosives	(PP) Personal Weapon (Push)	(UC) Uncooperative

(AB) Abrasion	(DB) Dog Bite	(PA) Paralysis
(BR) Bruise	(FR) Fractures	(PW) Puncture Wound
(BU) Burn	(GS) Gunshot	(SD) Soft Tissue Damage
(CP) Complaint of Pain	(HB) Human Bite	(ST) Sprain/Twists
(CO) Concussion	(LC) Lacerations	(UN) Unconscious
(DH) Death	(ND) Nerve Damage	(RM) Refused Med Treatment
(DI) Dislocation	(OD) Organ Damage	(NN) NONE

(AD) Abdomen	(FA) Face	(HI) Hip
(AK) Ankle	(FE) Feet	(IN) Internal
(AR) Arm	(FI) Fingers	(KN) Knees
(BK) Back	(GE) Genitals	(LE) Leg
(BT) Buttocks	(GR) Groin	(NK) Neck
(CH) Chest	(HD) Hands	(NO) Nose
(EL) Elbow	(HE) Head	(SH) Shoulder
		(WR) Wrist

[illegible]

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Force Applied

DIRECTED / SIGNIFICANT FORCE / PERSONAL WEAPONS

Incident Details

Suspect Lawrence was driving a stolen car and was pursued by Century Station deputies. The suspect collided into another vehicle. Suspect Lawrence fled from the vehicle on foot. Deputies Lemus, [REDACTED] and I, Sergeant Dean went in foot pursuit of the suspect. As the suspect ran, he was holding a black object. Deputy Lemus caught up to the suspect and tackled him. Deputy Lemus and Suspect Lawrence fell to the ground. The suspect landed face down on his stomach with his hands under his body. He continued to hold the black object. Deputies [REDACTED] and [REDACTED] tried to take hold of the suspect's arms.

As Deputies Lemus, [REDACTED] and [REDACTED] tried to handcuff the suspect, the suspect struck Deputy Lemus several times with his elbow. The suspect refused deputies orders to stop fighting and submit to handcuffing. The suspect continued his combative behavior. Fearing the suspect was armed and to overcome his assaultive behavior, I, Sergeant Dean ordered Deputy Lemus to use hand strikes against the suspect. Deputy Lemus punched the suspect two times in the face and several times in the right side rib area. The blows were effective, and Deputies [REDACTED] and [REDACTED] were able to handcuff the suspect. The black object the suspect was carrying was a sunglasses case.

The suspect stood up and was escorted to a radio car without further incident.

Reported Use of Force by Involved Employee(s)

Deputy Lemus completed a written report of his observations and actions, which was consistent with his verbal notification and my observations.

Deputy [REDACTED] completed a written report of his observations and actions, which was consistent with his verbal notification and my observations.

Deputy [REDACTED] completed a written report of his observations and actions, which was consistent with his verbal notification and my observations.

Witness Interview(s)

None.

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Suspect Interview(s)

Suspect Interview(s) Conducted By: ☒ Watch Commander ☒ Supervising Sergeant

I interviewed Suspect Lawrence while he was at Coast Plaza Doctor's Hospital. Suspect Lawrence stated he was involved in a vehicle pursuit with deputies. He stated he collided with an oncoming car while he was traveling 25 to 30 mph. Once the car he was in came to a stop, he exited the car and took off running. He ran 40 to 50 yards, at which time he lay down on the ground. Once on the ground, he was tackled by deputies. He said he was spread eagle, face down on the ground. Suspect Lawrence stated he was punched on the right and left side of his face eight to ten times. He also stated he was kneed in his right rib cage area three to four times. He stated that he did not resist the deputies. He stated he was unsure if the injuries to his face were caused by the traffic collision or by the deputies. He did say that the left side of his face scraped on the cement. Suspect Lawrence further stated that he was wearing his seatbelt at the time of the collision.

I saw abrasions on both sides of the suspect's face around his cheeks. He complained of pain to his right rib cage area.

Lt. Thatcher re-interviewed Suspect Lawrence at Century Station. Suspect Lawrence stated he fled from the deputies. He said he sustained the injury on the right side of his face because the deputies used their knees and hands on him. He stated he sustained the injury to his right ribs by being kneed by a deputy in that area. He said the injuries to the left side of his face were a result of the traffic collision.

Medical Review

Suspect Lawrence was taken to Coast Plaza Doctor's Hospital for medical treatment. Suspect Lawrence complained of pain to his right rib cage area. He was treated by Doctor Stone under patient #239835. Suspect Lawrence sustained small cuts and bumps to his left and right cheek area. He also sustained a fracture to his 11th right rib. Doctor Stone stated that the cuts and bumps to his face area could have been caused by when his face came in contact with the cement or by being punched. He stated that the fracture to the rib was caused by some type of impact. The impact could have been being punched in that area or by striking the steering wheel during the collision. Doctor Stone gave Suspect Lawrence an okay to be booked.

Training & Tactical Review

☒ Debriefing held to discuss training and tactical issues.

I debriefed the incident with Deputies Lemus, [REDACTED] and [REDACTED]. The directed hand strikes by Deputy Lemus ~~WERE~~ controlled and allowed assisting deputies to control the suspect.

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Watch Commander Review

I managed this incident from the onset and I responded to the terminus of the pursuit. S/Lawrence was in the rear seat of a nearby radio car. I inspected the exact location of his arrest, which was approximately 100 yards east of the vehicle he was driving.

S/Lawrence sustained abrasions on both of his cheeks (orbital lobes), as well as scrapes on his elbows. He complained of pain on his torso (rib) area. The injuries were consistent with the force reported by the involved deputies and Sergeant Dean.

Based on the circumstances I found that the force used was objectively reasonable and justified. The initial contact (tackle) by the deputies and the subsequent force used, as directed by Sgt. Dean, was minimal, yet effective. Although, strikes to the face are typically not recommended, due to the high potential for injury, the tactic proved to be extremely effective in this case.

The suspect was transported to Coast Plaza Medical Center for treatment. The suspect was treated for the aforementioned facial abrasions and a fractured rib by the attending physician. S/Lawrence was cleared for booking and transported to CRDF.

Based on the above, I recommend no further action. This incident was debriefed extensively following the conclusion of the initial investigation, and at subsequent shift briefings.

Case Status

On August 31, 2010, the facts of this case were presented to the District Attorney's office at the Compton Court house. One count of 666.5 P.C., one count of 2800.2 C.V.C., and one count of 69 P.C. were filed under case #TA114060.